

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90033 007 \*\*\*150.00

**DOCUMENT # S63930**

1. Entity Name

**W.A.R.M. ENTERPRISES, INC.**

Principal Place of Business

**23 HARBOR LAKE CIRCLE**  
**SAFETY HARBOR FL 34695**  
**US**

Mailing Address

**23 HARBOR LAKE CIRCLE**  
**SAFETY HARBOR FL 34695**  
**US**

71585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3073869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, RANDI L**  
**23 HARBOR LAKE CIR.**  
**SAFETY HARBOR FL 34695**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00.**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	HARRISON, RANDALL J.	2972 KENILWICK DRIVE S	CLEARWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	HARRISON, MARY ETTA	2972 KENILWICK DRIVE S	CLEARWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	WATSON, WILLIAM L.	23 HARBOR LAKE CIR	SAFETY HARBOR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	WATSON, RANDI L.	23 HARBOR LAKE CIR	SAFETY HARBOR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RANDI L. WATSON**  
**SECRETARY**

**(727) 726-2437**

CR2E034 (10/00)